

# Frontoethmoidal mucocoele treatment

- Sinonasal Pathologies Masquerading as Ophthalmic Disease
- The Relationship Between Destruction Sites and Clinical Findings in Diffuse Paranasal Sinus Mucoceles
- Valsalva-associated orbital compartment syndrome in the setting of frontoethmoidal mucocoele and orbital cellulitis
- Mucocele of the Paranasal Sinuses: Retrospective Analysis of a Series of Eight Cases
- Frontoethmoidal mucocele presenting with the appearance of Pott's puffy tumour
- An Unusual Case of Type 2 Fronto-Ethmoidal Mucopyocele
- Utility of flexible interventional endoscopy in endoscopic sinus surgery: a case series
- Long-term persistent discomfort due to a giant frontoethmoidal osteoma despite complete surgical removal - A case report

Surgical removal of the [mucocele](#) is the most common treatment. Various surgical approaches have been suggested for its management. The surgical approach is usually external as proposed by Bockhmul et al. and Weber et al. which includes the Lynch-Howarth incision and osteoplastic frontal sinusotomy. However, these procedures may be associated with significant morbidity and serious complications such as cerebrospinal fluid (CSF) leak, meningitis, and orbital cellulitis <sup>1)</sup> <sup>2)</sup>.

Marsupialization of mucocele with transnasal endoscopy is a minimally invasive alternative to conventional surgery with reduced morbidity and a negligible recurrence rate <sup>3)</sup>.

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A case of a 26-year-old male patient with complaints of swelling of the left eye and double vision for 18 months.

Diagnosis of frontoethmoidal mucocele with an unusual presentation of lateral displacement of the eyeball and proptosis was made based on patient history, clinical examination, and computed tomography.

The case was managed conservatively with marsupialization of the mucocele using the [transnasal endoscopic approach](#).

Complete resolution of the Mucocoele and its associated symptoms was observed, and the frontal sinus ostium was found to be patent and completely epithelialized in the 12-month follow-up.

The endoscopic approach toward the management of frontoethmoidal mucocele is an effective alternative to conventional surgery with less patient morbidity and mortality <sup>4)</sup>.

<sup>1)</sup>

Bockhmu'l U. Osteoplastic frontal sinusotomy and reconstruction of frontal defects. In: Kountakis S, Senior B, Draf W, editors. The frontal sinus. Springer, Berlin; 2005. pp. 281–9.

<sup>2)</sup>

Kochhar LK, Chaudhry S, Kumar A. Frontoethmoidal mucocele: A case report. Med J Armed Forces India. 1995;51:290–

<sup>3)</sup>

Har-El G. Transnasal endoscopic management of frontal mucoceles. Otolaryngol Clin North Am. 2001 Feb;34(1):243-51. doi: 10.1016/s0030-6665(05)70309-1. PMID: 11344076.

<sup>4)</sup>

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Ahmed T, Ahmed S, Kaushal N. Minimally Invasive Endoscopic Approach towards Management of Frontoethmoidal Mucocele with Lateral Displacement of Eyeball and Proptosis - A Case Report. Ann Maxillofac Surg. 2021 Jan-Jun;11(1):129-131. doi: 10.4103/ams.ams\_420\_20. Epub 2021 Jul 24. PMID: 34522667; PMCID: PMC8407629.

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